

Utah Refugee Health Program

Bureau of Epidemiology
Prevention, Treatment & Care Program



UTAH DEPARTMENT OF
HEALTH

July 2017

Utah Refugee Health Program Manual

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Preface

Welcome to the Utah Refugee Health Program Manual. This manual is designed to be a resource for health care and social service providers who serve refugees. It describes in detail the process of refugee resettlement, expectations for refugee health screenings, and services provided to refugees resettled in Utah.

The Federal Refugee Act of 1980 created a uniform system of services for refugees resettled in the United States. As such, each newly arriving refugee is entitled to a comprehensive health exam within the first 30 days after arriving in the United States. The primary goal of the program is to offer culturally-appropriate health screenings, education, and referrals to all new refugees arriving in the state of Utah. The Refugee Health Program within the Utah Department of Health works alongside resettlement agencies, local providers, Department of Workforce Services (DWS), the Office of Refugee Resettlement (ORR), and community-based organizations to foster community health partnerships with those groups who serve refugee populations. By coordinating activities between refugee service providers, the Utah Refugee Health Program facilitates and promotes health programs that are culturally and linguistically appropriate.

Overview of Refugee Resettlement

The United Nations defines a refugee as, ***“Any person who is outside any country of such person’s nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.”***

(<http://www.acf.hhs.gov/programs/orr/resource/who-we-serve-refugees>).

Providing refuge to individuals whose lives have been impacted by war, conflict or disaster is a key part of the United States’ humanitarian efforts. Following World War II and the admission of 250,000 displaced Europeans, Congress enacted the first refugee legislation, “The Displaced Persons Act of 1948,” which allowed for the admission of an additional 400,000 displaced Europeans (<http://www.rcusa.org/history>).

In 1975, with the resettlement of hundreds of thousands of Vietnamese refugees, Congress recognized the need to establish a formal resettlement program. Congress passed the “Refugee Act of 1980,” which standardized resettlement services for all refugees admitted to the United States. Administered by the Bureau of Population, Refugees and Migration (PRM) in conjunction with the Office of Refugee Resettlement (ORR) in the Department of Health and Human Services (HHS) the current refugee program contracts with nine voluntary agencies (VOLAGS) to ensure newly arrived refugees successfully integrate into their new communities (<http://www.rcusa.org/history>). The refugee admissions process is quite comprehensive and may take anywhere from a few months to years to complete. Information on the admissions and vetting process can be found at: <https://www.whitehouse.gov/blog/2015/11/20/infographic-screening-process-refugee-entry-united-states>.

Each year the U.S. determines how many refugees will be resettled during a fiscal year (FY), October 1 - September 30. While the number fluctuates slightly from year to year, historically the goal has been to admit 70,000-80,000 refugees annually. Additionally, the United States has identified five regions from which refugees will be accepted: 1) Latin America and the Caribbean; 2) Europe and Central Asia; 3) East Asia; 4) Africa; and 5) Near East and South Asia. The number of refugees from each region is determined on annually; for the past several years the largest numbers of refugees have come from the Near East and South Asia regions followed by East Asia and Africa.

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In addition to determining the overall number of refugee admissions and allocations from specific regions, the U.S. has developed a three-tiered priority system to help identify the most vulnerable individuals and groups. Specific details regarding the priority system can be found at:

<http://www.state.gov/j/prm/releases/docsforcongress>.

- **Priority 1:** Individual referrals from the United Nations High Commissioner for Refugees (UNHCR), United States Embassy and/or other non-governmental organizations (NGOs) working overseas; individuals with compelling need or security issues requiring third country resettlement.
- **Priority 2:** Group referrals, specifically groups with special interest to the United States. These groups are identified by working closely with the United Nations High Commissioner for Refugees (UNHCR). Groups identified for resettlement in FY17 are:

FY17 Priority 2 Designations:

In-country processing programs	Groups of humanitarian concern outside the country of origin
Eurasia and the Baltics: Jews, Evangelical Christians, and Ukrainian Catholic and Orthodox religious adherents	Ethnic minorities and others from Burma in Thailand camps and in Malaysia
Cuba: human rights activists, members of persecuted religious minorities, former political prisoners, forced labor conscripts, and those deprived of professional credentials	Congolese in Rwanda and Tanzania
Iraq: individuals associated with the United States	Iraq: individuals associated with the United States
Minors in Honduras, El Salvador and Guatemala	Bhutanese in Nepal
	Iranian religious minorities
	Syrian Beneficiaries of Approved I-130 petitions

- **Priority 3:** Family reunification, which is limited to parents, spouses and unmarried children under the age of 21 and/or parents of specific nationalities. The program was placed on hold in 2008, but resumed on October 15, 2012 with new requirements, such as DNA testing for biological parent-child relationships. In FY17, individuals of the following countries are eligible to apply for family reunification: Afghanistan, Bhutan, Burundi, Central African Republic, Colombia, Cuba, Democratic People's Republic of Korea, Democratic Republic of Congo, El Salvador, Eritrea, Ethiopia, Guatemala, Haiti, Honduras, Iran, Iraq, Mali, Somalia, South Sudan, Sudan, Syria, and Uzbekistan.

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Executive Orders

To address the increasing burden of displaced persons worldwide, the Obama Administration determined in September 2016 that the number of annual refugee admission would increase from 85,000 in FY16 to 110,000 in FY17. Under the new Trump Administration, the status of refugee resettlement in the U.S. is more uncertain. In January 2017 President Trump issued Executive Order 13769 which 1) suspended the U.S. Refugee Admissions Program for 120 days, 2) prioritized claims made by individuals on the basis of religious-based persecution, 3) indefinitely suspended the entry of Syrian refugees, 4) restricted arrivals from Iran, Iraq, Libya, Somalia, Sudan, Syria, and Yemen, and 5) lowered the number of FY17 refugee admissions to 50,000. Refugee resettlement in the U.S. halted until a nationwide temporary restraining order on this executive order was issued on February 3, 2017 and was upheld by the U.S. Court of Appeals for the Ninth Circuit on February 9, 2017. The Trump Administration responded by issuing Executive Order 13780 on March 6, 2017 which removed the language regarding religious persecution and relaxed the restrictions for refugees from Iraq. This executive order put refugee resettlement on hold again, until another temporary restraining order was issued on March 15, 2017 by the U.S. District Courts of Hawaii and Maryland. This injunction was upheld by the Fourth Circuit Court of Appeals, though the Trump administration and the Justice Department are asking the Supreme Court to review the case in the 4th Circuit and to place stays on the injunctions that resulted from both cases. Currently, the refugee admissions program is still actively resettling refugees.

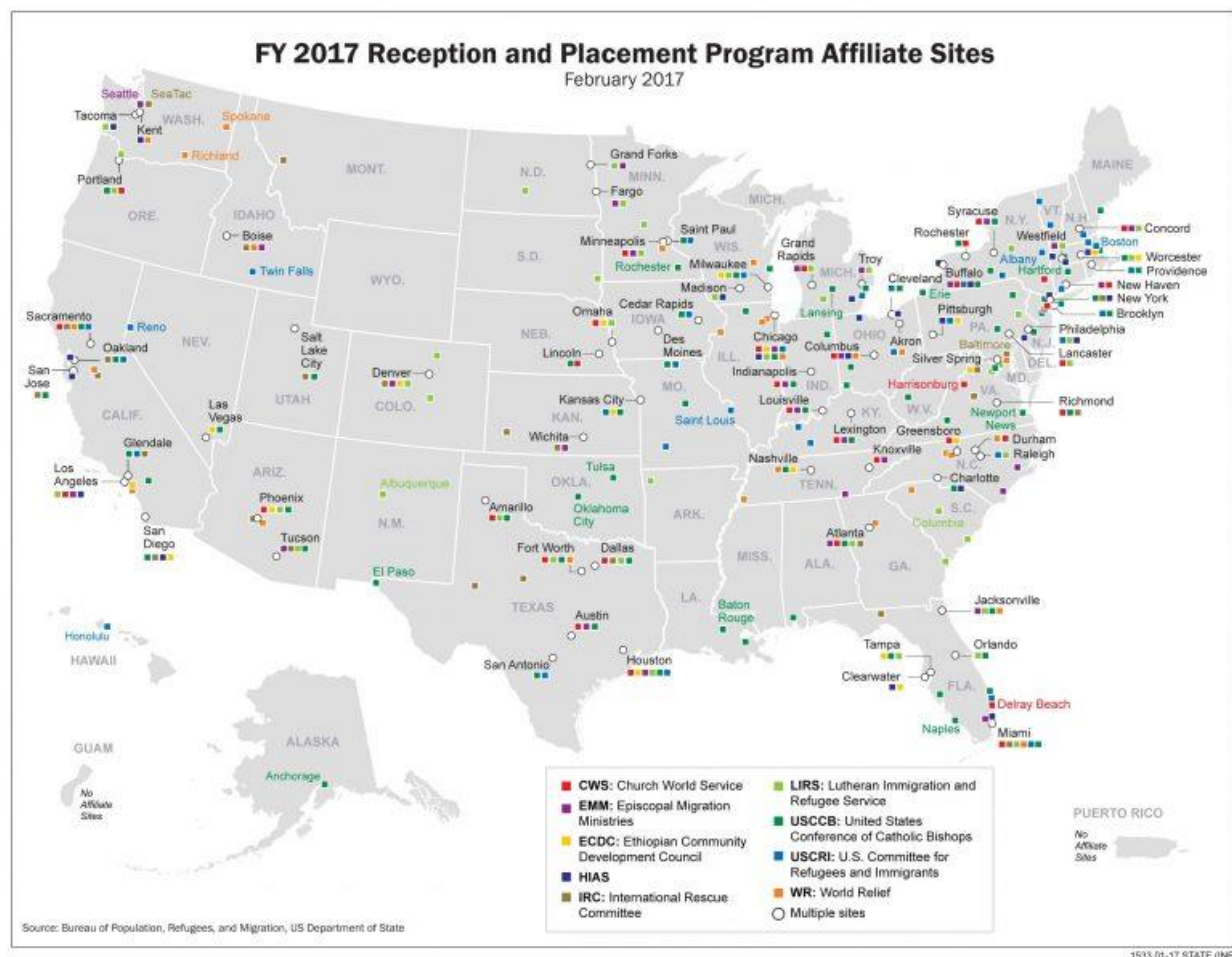
Refugee Arrivals in the U.S., by Region of Origin

Region	FY16 Actual Arrivals ¹	FY17 Proposed Admissions	Executive Orders 13769 & 13780 ²
Africa	31,625	35,000	TBD
East Asia	12,518	12,000	TBD
Europe and Central Asia	3,957	4,000	TBD
Latin America/Caribbean	1,340	5,000	TBD
Near East/South Asia	35,555	40,000	TBD
Unallocated Reserve		14,000	TBD
Totals	84,995	110,000	50,000

¹ <http://www.wrapsnet.org/archives/>

² <https://www.whitehouse.gov/the-press-office/2017/03/06/executive-order-protecting-nation-foreign-terrorist-entry-united-states>

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Resettlement in Utah

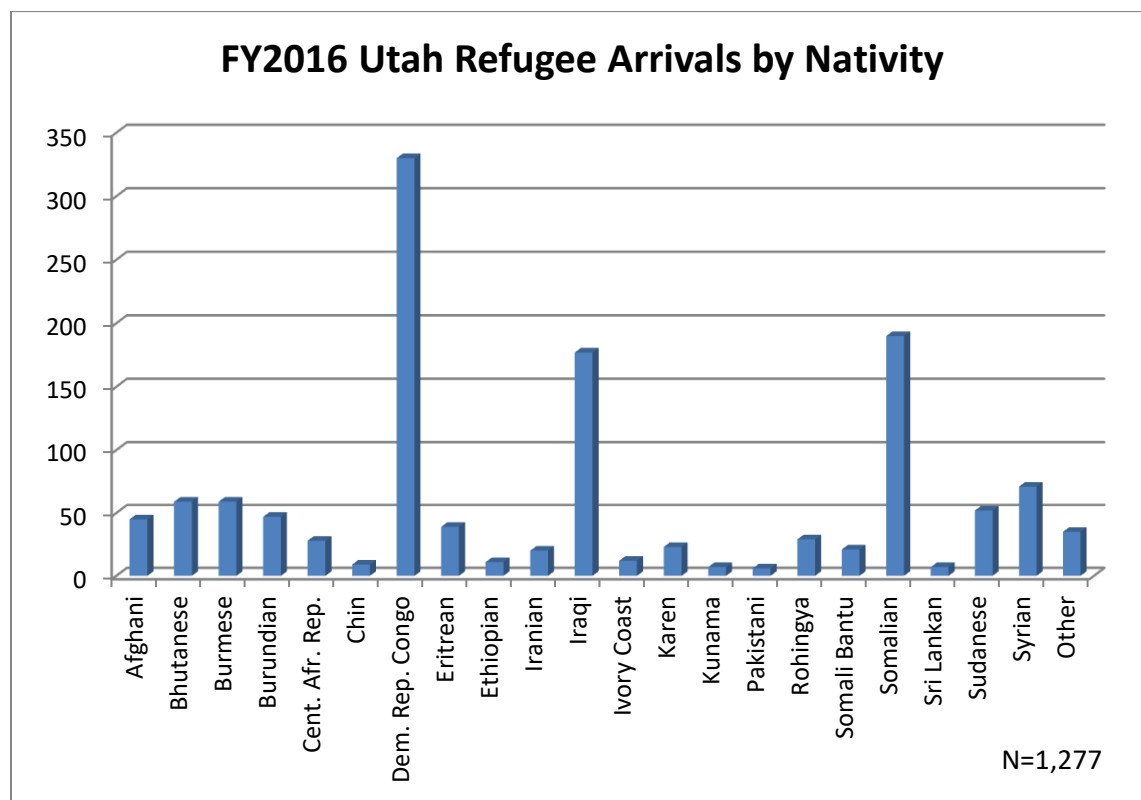
According to the Utah Refugee Services Office there are estimated to be more than 60,000 refugees, speaking more than 40 languages, living in Utah. Roughly 1,100 refugees arrive in Utah each year, with approximately 99 percent residing in the Salt Lake Valley. Two resettlement agencies, Catholic Community Service (CCS) and International Rescue Committee (IRC), provide newly arrived refugees with direct services and support. During the first 90 days, known as the reception and placement period, refugees have access to financial assistance along with employment, housing, education, health and acculturation support. Additionally, refugees typically have access to state-funded programs such as Medicaid and Supplemental Nutrition Assistance Program (SNAP). Utah is unique in that it offers refugees 24 months of direct supportive services. The Refugee and Immigrant Center at the Asian Association of Utah (RIC-AAU), a community-based organization, provides employment, mental health, ESL, case management, and citizenship services to refugees and immigrants. The Utah Refugee Services Office (RSO), housed in the Department of Workforce Services (DWS), facilitates the support of the larger refugee community through various

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initiatives, including capacity building of ethnic-based community organizations, also known as Refugee Community Organizations (RCOs)

(<https://jobs.utah.gov/refugee/information/rsoannualreport.pdf>).

Community resources and partnerships are crucial to successful integration; agencies serving refugees rely on one another to ensure that services are timely, adequate, and culturally and linguistically appropriate. DWS facilitates access to government-funded programs such as Medicaid, SNAP, financial assistance, and work readiness programs. Public schools within various school districts provide education for both children and adult learners; additionally local organizations provide ESL classes and tutors. Employment plays a major role in successful integration; staff from CCS, IRC, RIC-AAU and DWS work closely with local employers to identify and secure employment for refugee clients. Access to medical services is also an important factor in the integration process; numerous medical providers and facilities provide quality care to refugee patients.



Utah Department of Health Refugee Health Program

The mission of the Utah Health Department of Health (UDOH) is to “Protect the public's health through preventing avoidable illness, injury, disability and premature death; assuring access to

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affordable, quality health care; and promoting healthy lifestyles.” Housed in the Division of Disease Control and Prevention, Bureau of Epidemiology, the Prevention, Treatment and Care Program oversees the Utah Refugee Health Program. The goal of the Utah Refugee Health Program is to, **“Foster community health partnerships with those serving refugee populations through culturally appropriate health screening, education and referrals.”** By coordinating activities between local providers, resettlement agencies, local health departments, DWS, the Centers for Disease Control and Prevention (CDC) and ORR, the Utah Refugee Health Program (program) facilitates and promotes health programs and services that facilitate successful and healthy integration in a culturally and linguistically appropriate manner (<http://health.utah.gov/epi/healthypeople/refugee/>).

Services and funding provided by the program focus on five priority areas: 1) Health Screening; 2) Care Coordination; 3) Health Promotion; 4) Pandemic Preparedness; and 5) TB Control. The graphic on the following page describes current efforts in these five areas.

Program Goals and Objectives:

- 1) The program will collaborate with resettlement agencies to ensure that at least 90% of newly arriving refugees complete a health screening within 30 days of arrival.
- 2) The program will monitor health screening results to ensure that 95% of individuals screened and identified with reportable conditions are referred for follow up care and/or treatment within 30 days of receiving a report of the condition.
- 3) The program will monitor health screening results to ensure that 95% of individuals screened establish a medical home within 30 days of completing the screening.
- 4) The program will work with resettlement agencies to ensure that 90% of individuals referred for a TB-related chest x-ray obtain the x-ray within 30 days of receiving chest x-ray order.
- 5) The program will coordinate with resettlement agencies and mental health providers to ensure clients are referred to and access mental health services as appropriate.

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Utah Refugee Health Program Prevention, Treatment & Care Program Bureau of Epidemiology Division of Disease Control & Prevention Utah Department of Health

Health Screening

Health Clinics
of Utah

(Provider
Agreement)

St. Mark's
Family
Medicine

(Provider
Agreement)

- Provide comprehensive health screening within 30 days of arrival
- Report health screening results to UDOH, agencies and SLCoHD
- Coordinate referrals and follow-up care

Care Coordination

Catholic
Community
Services

(Contract)

International
Rescue
Community

(Contract)

Asian
Association of
Utah

(Contract)

Utah
Health &
Human
Rights

(Contract)

- Coordinate health screenings within first 30 days
- Coordinate referrals
- Coordinate transportation and interpretation for health-related appointments
- Participate in LTBI Program
- Provide medical case coordination for RMA clients

Health Promotion

CCS &
IRC

(Contract)

- Provide health education and orientations
- Conduct outreach to refugee communities

Pandemic Preparedness

Bureau of
Emergency
Medical
Services, Public
Health and
Hospital
Preparedness

(MOA)

- Prepare translated materials (written and oral)
- Disseminate information via community events
- Distribute 72 hr kits

TB Control

Salt Lake
County & Bear
River Health
Departments

(Contract)

- Provide treatment of TB disease and infection
- Conduct TB prevention and control activities

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Utah Refugee Health Program Staff:

- **State Refugee Health Coordinator; Program Manager:** Amelia Self
Oversees the TB Control, Ryan White, HIV Prevention, Viral Hepatitis Prevention, STD Prevention, HIV Surveillance and Refugee Health programs; facilitates program development, community collaboration, and technical assistance.
- **Health Program Coordinator:** Vacant
Develops, amends and monitors contracts and contractor performance; coordinates ORR funded Refugee Health Promotion grant; generates content for quarterly newsletters and program website.
- **Health Screening & Clinical Quality Coordinator:** Hayder Allkhenfr
Oversees the health screening process and data management of the Utah refugee health database; monitors clinical performance, outcomes, and the clinical quality management initiatives; oversees provider training and education.
- **Wellness Coordinator:** Rachel Ashby
Monitors immunization projects and data; coordinates mental health activities, funding, reporting, data collection and analysis; oversees LTBI treatment process.
- **Health Program Specialist:** Marsha Latham
Coordinates review and processing of all program billings for health screenings and other contracted services provided by screening clinics and refugee agencies.
- **Health Screening & Clinical Quality Coordinator Assistant:** Dory Savage
Enters arrival information, initial health screening results and final health screening forms into the refugee health database; maintains medication and supply inventory.

Refugee Health Program Listserv:

The program supports a listserv for stakeholders involved with refugee health. The listserv provides members with an easy way to exchange information and discuss issues relevant to refugee resettlement and the health of resettled refugees living in Utah. To subscribe to the listserv, send an email to rhprogram@utah.gov with your name, the organization you represent (if any), and a brief statement describing your involvement in refugee resettlement and refugee health. If you are accepted, you will receive confirmation of your subscription.

Utah Refugee Health Access Database:

The Utah Refugee Health Access Database is used to collect, analyze and disseminate information on Class B medical conditions (overseas medical data), refugee arrivals and refugee health screening results. Additionally, the database is used to analyze and disseminate aggregate data on

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a trimester, annual and ad hoc basis. The following information is collected from RIC-AAU, CCS, IRC and screening clinics and entered into the Utah Refugee Health Access Database:

- Alien ID Number
- Date of Arrival
- Name
- Household ID Number
- Age/Date of Birth
- Sex
- Place of Birth/Nativity
- Arrived From
- Date of Health Screening
- Health Screening Results
- Class B Medical Conditions

For refugee health-related aggregate data please contact the Utah Refugee Health Program (801-538-6191)

Overseas Medical Report and Conditions

The Refugee Overseas Medical Examination is conducted prior to departure for the United States in order to detect diseases that would preclude admission to the U.S. and to prevent the importation of diseases of public health importance. (<http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html>) Physicians from the International Organization for Migration (IOM) or a local panel of physicians approved by the CDC, perform the examination using locally available facilities and document findings on the appropriate forms (Appendix A). The examination includes:

- a) Medical history and physical examination.
- b) Tuberculosis (TB) Screening: a complete screening for TB includes a medical history, physical examination, chest x-ray, determination of immune response to *Mycobacterium tuberculosis* (i.e., tuberculin skin testing [TST] or interferon gamma release assay [IGRA] (when required), and sputum testing (when required).
 - a. Applicants ≥ 15 years of age require a medical history, physical examination, and chest x-ray.
 - b. Applicants 2-14 years of age living in countries with World Health Organization estimated TB incidence rates of ≥ 20 cases per 100,000 should have a TST or IGRA.
- c) Chest x-ray for age ≥ 15 years (for South Asian refugees, the age is ≥ 2 years). Sputum smear for acid-fast bacilli, if the chest x-ray is suggestive of clinically active tuberculosis disease (ATBD).

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- d) Serologic test for syphilis for age ≥ 15 years. People with positive results are required to undergo treatment prior to departure for the United States; physical exam for evidence of other STDs. As of Jan 4, 2010, HIV testing is no longer required as HIV does not preclude admission.
- e) Physical exam for signs of Hansen's disease. Refugees with laboratory-confirmed Hansen's disease are placed on treatment for six months before they are eligible for travel to the U.S. Generally, treatment must be continued in the United States.
- f) A determination regarding whether or not a refugee has a mental disorder. Physicians rely on a medical history provided by the patient and his/her relatives and any documentation such as medical and hospitalization records.
- g) Vaccinations that are age-appropriate and protect against a disease that has the potential to cause an outbreak or protect against a disease that has been eliminated in the United States, or is in the process of being eliminated.

Departure of refugees with communicable diseases that preclude entry into the United States (e.g., syphilis, gonorrhea or Hansen's disease) may be delayed until appropriate treatment is initiated and the individual is no longer infectious. Based on the examination, an individual's medical status is assigned a classification. These classifications include:

- **Class A:** Conditions that prevent a refugee from entering the United States. They include communicable diseases of public health significance, mental illnesses associated with violent behavior and/or drug addiction. Class A conditions require approved waivers for entry and immediate follow up upon arrival. Examples of Class A conditions are:
 - Chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum and syphilis
 - TB: active and infectious
 - Hansen's disease (leprosy)
 - Mental illness with associated harmful behavior
 - Substance abuse
- **Class B:** Physical or mental abnormalities, diseases or disabilities of significant nature; require follow up soon after arrival.
 - TB: active, not infectious; extrapulmonary; old or healed TB; contact to an infectious case-patient; positive tuberculin skin test (TST)
 - Hansen's disease, not infectious
 - Other significant physical disease, defect or disability
- **Class B TB**
 - Class B1 TB, Pulmonary
 - Class B1 TB, Extra pulmonary
 - Class B2 TB, LTBI Evaluation

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The quality of the examination varies and depends on such factors as the site of the examination, the panel of physicians and how long the examination process has been in place at a given location. The examination is valid for one year for those examined in countries using the 1991 TB Technical Instructions as long as the applicant does not have a Class A or Class B TB condition. If any of these conditions exist, the exam is valid for six months. For applicants screened in countries using the 2007 TB Technical Instructions, the exam is valid for six months if there is no Class A TB, Class B1 TB or HIV condition. If any of these conditions exist the examination is valid for three months. (<http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html>)

Refugee Health Screening

The first interaction that refugees have with the health care system in the United States begins with the refugee health screening. The Refugee Act of 1980 entitles each newly arriving refugee to a complete health screening exam within the first 30 days after arriving in the United States. The purpose of the domestic screening is to “reduce the spread of infectious disease, ensure ailments are identified and treated, promote preventive health practices, and to ensure good health practices facilitate successful integration and self-sufficiency.”

(http://www.acf.hhs.gov/sites/default/files/orr/state_letter_12_09_revised_medical_screening_guidelines_for_newly.pdf)

The program works closely with various clinics to provide a comprehensive refugee health screening. RIC-AAU, CCS, and IRC are responsible for scheduling the screening appointment, arranging transportation and interpretation services, and ensuring each newly arrived refugee successfully completes the screening within 30 days and any required follow up in a timely manner. Utah offers a comprehensive and holistic health screening (Appendix B); components of the screening are:

- A. Physical exam - addresses health concerns and conditions.
- B. Screening and testing - assess for sexually-transmitted diseases, parasites, deficiencies and chronic disease including:
 - HIV
 - Hepatitis B
 - Hepatitis C
 - Syphilis
 - Schistosomiasis
 - Strongyloides
 - Giardia
 - Anemia

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- Diabetes
- Other intestinal parasites
- C. Immunizations - the CDC's Advisory Committee on Immunization Practices (ACIP) vaccination requirements do not apply to refugees at the time of their initial admission to the United States; however, refugees must meet the vaccination requirements when applying for adjustment of status or permanent resident status in the United States (one year or more after arrival). (<http://www.cdc.gov/immigrantrefugeehealth/exams/ti/panel/vaccination-panel-technical-instructions.html>)
- D. Presumptive treatment - for parasites known to be common to specific regions from which refugees are arriving, specifically Schistosomiasis and Strongyloides (if no contradictions exist).
- E. TB screening-targeted testing for latent TB infection (LTBI) primarily using QuantiFERON® - TB Gold (QFT-G), which is an alternate testing method for the tuberculin skin test (TST) and offers increased specificity and sensitivity. TST may be used if QFT-G blood draw is unsuccessful or if the QFT-G is indeterminate. The TST is still used for children age five or younger. A chest x-ray is mandatory for those who screen positive for TST or QFT to rule out active TB.
- F. Mental health screening-the Refugee Health Screener 15 (RHS-15) is used to screen for depression, anxiety, PTSD, and overall distress in refugees ages 14 and older. Screening for torture and violence is also strongly recommended.

Communicable disease and/or diseases of public health significance are reported to the local health department (LHD) and UDOH. If follow up is required, the LHD will either coordinate with the resettlement agency or contact the refugee directly. Refugees found to have an infectious disease, including parasitic or worm infections, will receive the appropriate medication or a prescription for the medication.

Tuberculosis and Latent TB Infection

Class B TB

United States' immigration law requires an overseas medical examination of all immigrants and refugees for TB and requires a chest x-ray for applicants older than 15. Individuals with abnormal chest x-rays (CXRs) suggestive of clinically active TB (or who are otherwise suspected of having active TB) have sputum smear examinations to determine if they have infectious TB disease. Refugees identified with ATBD are started on treatment prior to departure for the United States. Once the refugee is no longer contagious, resettlement can occur.

Class B TB conditions indicate the need for the refugee to follow up upon arrival to the United States. The UDOH TB Control Program considers individuals with Class B TB conditions to be at

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high-risk for ATBD until an evaluation is complete. The LHD has 45 days to locate and evaluate Class B refugees.

TB Screening

Targeted testing for LTBI is a strategic component of TB control as it identifies people at high-risk for developing TB disease who would benefit from treatment, if detected. Since newly arriving refugees are at high-risk for developing active TB disease, treatment of LTBI is strongly recommended. The use of QFT-G was implemented by the program in 2006 and is the primary means of testing during the refugee health screening as it offers increased specificity and sensitivity.

LTBI Coordination

Reducing the likelihood of progression from latent TB to active TB is a main focus of the UDOH TB Control Program. The Salt Lake County Health Department (SLCoHD) provides services to control the spread of TB in the Salt Lake valley. In order to do so, SLCoHD focuses on three main components of TB control:

1. Identify and treat TB disease;
2. Identify, evaluate and treat the newly infected contacts of infectious TB cases; and,
3. Screen and treat high-risk populations for TB infection. Since refugees are considered a high-risk population, SLCoHD works closely with resettlement agencies to evaluate, educate and treat refugees identified with LTBI.

Care and Coordination

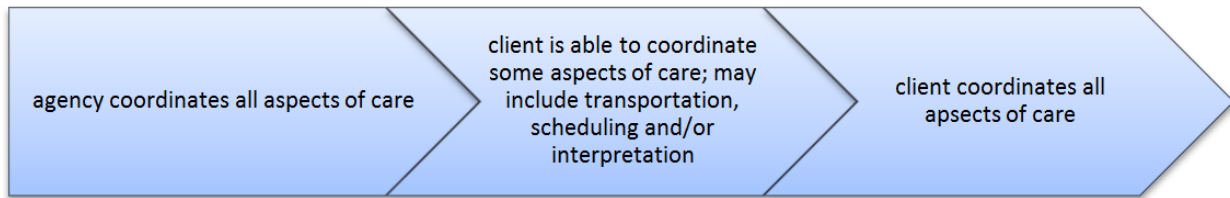
Results from the refugee health screening are shared with the program, which then ensures appropriate follow up care and coordination is provided by the resettlement agencies. The expectation of the program is that each refugee will be assigned a Primary Care Provider (PCP) and receive timely follow up care (within 30 days of completing the health screening). Resettlement agencies are strongly encouraged to establish care with the initial health screening provider, thus improving the continuity of care. Care and coordination is facilitated by the resettlement agencies, as needed, for primary care, specialty care, and other health-related services.

Program staff at the resettlement agencies work closely with both clients and medical providers to ensure that care is timely and appropriate. Both IRC and CCS emphasize self-sufficiency; clients are

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encouraged to take an active role in their health care and use their individual strengths to facilitate access to care.

Health Self-Sufficiency Spectrum



Both CCS and IRC provide case management for the first two years; however the goal is that the majority of clients will reach health self-sufficiency at the conclusion of the first year. Starting in FY16 (October 2015) the majority of health-related services provided by CCS, IRC and RIC-AAU became limited to coordinating the initial health screening and subsequent follow up; long-term coordination (>90 days post arrival) is no longer supported by UDOH funds.

CCS Health Services Program

Mission: The Health Services Team of CCS' Refugee Resettlement and Immigration Program is committed to the physical and mental health of all clients as a tool of empowerment that promotes their full potential to become healthy and productive members of American society. Our goals are 1) to meet immediate health needs of our clients through the completion of a health screening within 30 days of arrival, 2) to provide ongoing care coordination and the connection to appropriate primary and specialist care as required, 3) to regularly screen for mental health concerns and connect to service where appropriate, and 4) to provide a health education program that ultimately aims for 5) the client's self-sufficiency in navigating the American health care system.

Services: Provide linguistically appropriate, culturally sensitive ongoing care coordination including transportation and interpretation services for our clients as required or requested. Conduct a comprehensive health education curriculum for all eligible clients and encourage their self-sufficiency and independence in accessing appropriate care. Connect clients to available health resources in the community. Conduct mental health screenings and connect to mental health services as appropriate.

Staff:

- **Refugee Resettlement Director:** Aden Batar
- **Associate Director of Refugee Resettlement:** Randy Chappell

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- **Health Services Supervisor:** Katrina Hruska
Coordinates, oversees, and manages the Health Services for the Refugee Resettlement Program, including the direct supervision of the Health Screening Coordinator, Interpreter Supervisor, Billing Specialist, Health Education Coordinator, Mental Health Coordinator, and Maternal & Child Health VISTA. Coordinates with government agencies and service providers in the community, including local health departments, clinics/hospitals, and other stakeholders. Manages flow of CCS interns and volunteers. Oversees ongoing care coordination and connection to health services for 600 newly arrived clients annually. Oversees record-keeping and billing aspects of Health Services such as case noting, case file maintenance, reporting, etc. Assists with case file audit and compliance.
- **Health Screening Coordinator:** Mariza Chacon
Maintains arrivals database and shares information as required by UDOH. Coordinates the initial health screenings with two different providers for all newly arrived refugees; ensures completion of screenings by following up with PPD's, indeterminate QFT's, chest x-ray completion, etc. Assists with coordination of care following the health screening. Coordinates and manages all medical reportable conditions directly with UDOH. Manages all health screening records and documentation; helps case managers with the completion of files. Oversees Health Services Program Assistants. Oversees LTBI coordination, including scheduling interpretation and transportation for intakes and medication pick-ups, and ongoing communication and tracking in partnership with the public health nurses at the Salt Lake County Health Department.
- **Health Education Coordinator:** Susan Dearden
Provides a health education curriculum to all eligible clients older than age 18, focusing on navigating the U.S. health care system; implements and evaluates health education and orientation services through a series of lessons including in-office lesson plans that cover information such as insurance, primary care vs. urgent care vs. ER, and immunization, as well as community-based public transportation tours that provide further support in scheduling appointments, learning about prescriptions and over-the-counter medications, etc. Provides car seat education to all eligible clients. Oversees health education volunteers and interns. Plans and implements an annual health fair for more than 100 refugee clients and multiple vendors representing partners in the community.
- **Interpreter Supervisor:** Kristina Olivas
Oversees, manages, hires, trains, and supervises CCS' team of medical interpreters. Coordinates with external medical service providers, particularly HMO's, the University of Utah, and St. Marks. Coordinates last-minute urgent care and emergency dental services for clients as necessary. Participates in coordination meetings and reaches out to potential new partners for interpreting contracts and services. Conducts monthly Bridging the Gap refreshers and an annual Bridging the Gap training for interpreters and other CCS staff.
- **Mental Health Coordinator:** Vacant
Coordinates, oversees and manages mental health services for the Refugee Resettlement program. Reviews the mental health assessments performed during the initial health

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screening; conducts RHS-15 assessment for clients aged 14 and older in the third and sixth months after arrival. Refers clients to and schedules clients with the appropriate mental health provider. Educates and trains medical interpreters and other CCS staff about mental health services and trauma-informed care. Manages all record-keeping aspects of mental health services.

- **Health Services Program Assistants:** Aweis Osman and Theo Ndayishimiye
Assists medical services staff with care coordination, scheduling, medical interpretation, and transportation. Assists with tracking and coordination of referrals, follow-up appointments, and children's immunizations series. Assists Health Screening Coordinator with timely completion of health screening. Assists Health Education Coordinator with interpretation and assistance for health education curriculum. Assists Mental Health Coordinator with RHS-15 screenings and intake appointments. Provides interpretation to other CCS programs as necessary.
- **Maternal and Child Health VISTA:** Clare Peckenpaugh (position through July 2017)
Oversees care coordination for pregnant clients; connects all eligible new arrivals to WIC services. Oversees cohort of interns and volunteers to ensure that WIC-eligible clients receive grocery store tours to learn how to use their vouchers effectively and public transportation orientations so they may continue to access services independently. Oversees Home Health Education volunteers; provides onboarding and training and assigns volunteers to a new family each month, tracks progress and incorporates feedback to further develop the program.
- **Billing Specialist:** Melanie Walton
Processes all billing aspects of health services at CCS in coordination with health plan providers, Department of Health, and the CCS admin team. Assists with client medical bills and co-pays.

IRC Health Program

Mission: IRC-SLC Health Program is dedicated to increasing health access and improving health outcomes among refugees in Salt Lake County.

Services and Staff:

- **Executive Director:** Patrick Poulin
The executive director is responsible for the local oversight of staff, programming and services for IRC Salt Lake City. The executive director represents the IRC at the local level, building and maintaining relationships within the community and serving as a resource about the IRC and the U.S. refugee program to the general community. The executive director is responsible for overseeing programs and implementation of services, ensuring compliance of services within grants and contracts, and overseeing the effective delivery of services. The executive director develops positive relationships with donors and the community to secure funding for local programs, writes grants, and is responsible for local reporting.

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- **Health Program Manager:** Pamela Silberman
The health program manager is responsible for the day to day management of all health and wellness programming and ensuring services support the IRC mission and goals of the Salt Lake City office. The position dedicates a significant portion of time to staff supervision, program development, and community outreach and involvement.
- **Health Access Coordinator:** Jenny Hart
The health access program coordinator is responsible for facilitating health access for newly resettled refugees from pre-arrival up to eight months.
- **Mental Health Coordinator:** Jennica Henderson
The mental health program coordinator is responsible for all mental health related efforts for newly arrived refugees resettled by IRC-SLC including implementing mental health screening and referral for newly resettled refugees, coordinating intakes and follow ups, facilitating staffing meetings with mental health providers and acting as the primary reference point within the IRC office for mental health related activities and concerns. This effort will center on the implementation of the Refugee Health Screener-15 (RHS-15). Additionally, the program coordinator oversees training for resettlement staff and outreach presentations to the refugee community on refugee mental health.
- **Maternal and Child Health Coordinator:** Sydney Mogotsi
The Maternal & Child Health (MCH) program coordinator is responsible for implementing culturally-appropriate interventions to improve health outcomes for refugee mothers and children. This includes the coordination of pre-natal and post-partum care and education for groups and individuals; coordination of enrollment and orientation for Women, Infant, Child (WIC) program and services; and tracking immunizations for all school-aged children. Additionally, the MCH program coordinator serves as IRC SLC's certified car seat technician distributing car seats and conducting education on the proper use to eligible families.
- **Health Promotion Coordinator:** TBD
The health promotion program coordinator oversees all refugee health education initiatives including navigating the health care system workshops, tobacco cessation and prevention projects, nutrition and community health promotion programs, and health team community outreach efforts.
- **Interpreting Program Supervisor**
This position is in the process of being restructured.
- **Nutrition Coordinator:** TBD
The nutrition program coordinator serves approximately 100 refugees annually to address their diet-related conditions including malnutrition, B12 deficiency, anemia, obesity, diabetes and hypertension. Interventions include attending primary care and specialty appointments related to condition, coordinating care between service providers, one-on-one and group education, and condition-based support groups.

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- **Health Access Assistant:** Azrah Binti Sikandar
The health access program assistant helps the health access program coordinator facilitate health access for newly resettled refugees from pre-arrival up to eight months
- **Health Program Assistant:** Farah Al-Hamdani
The health program assistant is responsible for facilitating health access for newly resettled refugees by scheduling appointments, assisting with the coordination of interpreters and transportation.
- **Women's Health VISTA:** TBD
Under the direction of the Maternal & Child Health program coordinator, the Women's Health AmeriCorps VISTA will support the health programs' efforts to address the reproductive health needs of newly arrived refugee women.
- **Health Outreach VISTA:** Alexandra Hernandez
The Health Outreach VISTA member works to improve access of health care services for refugees, as well as improve provision of culturally competent care to refugees by community health providers through trainings, school presentations, outreach materials, and recruitment of volunteers.

RIC-AAU Medical Interpreting and Translation Services Program

Mission: Improve the quality of life of refugees and other immigrants. Provide culturally-sensitive and language-specific social services that include education, employment services, advocacy, mental health treatment, domestic violence counseling, substance abuse treatment for adults and youth, parenting classes, English classes, after-school tutoring and activities, and case management.

Services: Provides care and coordination for clients accessing case management services. Also, provides mental health treatment including therapy for trauma and torture, domestic violence counseling, and substance abuse treatment for adults and youth. Additionally, provides medical, educational, occupational, and court interpretive and/or translation services.

Staff:

- **Director of Refugee Services:** Lina Smith
- **Director of Community Wellness:** Andy Tran
- **Social Service Program Supervisor:** Andrea Sherman
- **Interpreting Program Supervisor:** Tung Tun

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Mental Health

Clients identified during the refugee health screening as requiring follow up mental health care are referred to the appropriate agency. Currently there are two primary agencies providing mental health services to the refugee community.

Utah Health and Human Rights	Refugee & Immigrant Center at Asian Association of Utah
Utah Health and Human Rights (UHHR) is a nonprofit organization that provides highly-specialized and culturally competent mental health, medical, psychiatric, case management, and legal services to men, women, and children who have endured severe human rights abuses. UHHR helps refugees, immigrants, asylum seekers, and asylees heal from the physical and psychological impacts of torture and rebuild their lives. Evidence-based and holistic services promote health, dignity, and self-sufficiency and are guided by profound respect for the dignity and resiliency of clients. UHHR is a member of the National Consortium of Torture Treatment Programs.	The Refugee and Immigrant Center at Asian Association of Utah (AAU-RIC) provides comprehensive outpatient services including, but not limited to, mental health counseling, medication management, family counseling, and domestic violence and substance abuse treatment. AAU-RIC strives to improve the quality of life for refugees and immigrants. AAU-RIC is an interdisciplinary team of culturally competent professionals that include an Advance Practice Registered Nurse (APRN), psychologist, family services coordinators, licensed clinical social workers, clinical social workers, and case managers who all have experience working with refugee and immigrant populations.
Services include: Mental health services to refugees, immigrants, asylees, and asylum seekers who have survived severe human rights abuses. Interpretive services. Training and consultation to community members and professionals statewide.	Services include: Mental health services to refugees and immigrants in Salt Lake County. Interpretive services.

The RHS-15 is used to assess the mental health needs of newly arrived refugees. The RHS-15 (Appendix C) was designed as a simple tool that can be used during the initial health screening and/or in the primary care setting. The 15 questions address symptoms associated with depression, anxiety, trauma, and overall well-being; the tool has been translated and validated in a number of refugee languages.

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Refugees scoring ≥ 12 on questions one through fourteen or ≥ 5 on the distress thermometer are identified as someone who may benefit from mental health services. An official referral is made for those individuals willing to accept mental health services. Referrals are coordinated through the Utah Refugee Health Program; the refugee health specialist will notify the resettlement agency and mental health service provider of the referral, providing as much information as possible from the health screening. The mental health provider and resettlement agency then coordinate an intake date and time, transportation and interpretation, as needed.

All follow up services are coordinated by the resettlement agency and service provider. Currently both IRC and CCS employ mental health coordinators who have the responsibility of coordinating all initial mental health referrals and follow up appointments, while serving as a liaison between the resettlement agency and service providers. Additionally, both agencies administer the RHS-15 at specific intervals during the resettlement process to specific groups of refugees, with the hope of identifying refugees in need of mental health services earlier in the resettlement process.

Refugee Dental Program

Pregnant women, children, and adults meeting the criteria for emergency dental will be able to access dental treatment through Medicaid. For questions regarding Medicaid covered dental services please contact Medicaid Customer Service at 1-801-538-6155 or visit the Medicaid website: <http://www.health.utah.gov/medicaid/>.

Pandemic Flu and Emergency Preparedness

ORR has determined the refugee populations, particularly the new refugee arrivals, are at extreme risk of experiencing disease and death in the event of a major disease outbreak such as pandemic influenza. Disparities in information dissemination are aggravated by a lack of English language skills on the part of newly arrived refugees, cultural differences and the lack of health education in refugee languages. In addition, refugees may not be aware of emergency plans that protect against illness and death in the event of a pandemic influenza or other disease outbreak. In order to ensure these disparities are addressed, the refugee population is provided with health and safety precautions and emergency information in a linguistically and culturally appropriate manner. Pandemic planning for the refugee communities is required by ORR and is now a required part of the current Utah Refugee Resettlement State Plan as of May 31, 2006.

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Objectives:

- Ensure refugee communities are included in emergency planning activities.
- Develop oral and written materials in refugee languages.
- Assist agencies working with refugees in preparing for a disease outbreak such as pandemic influenza by providing trained personnel to assist refugee resettlement agencies in delivering appropriate information.
- Develop and disseminate preparedness materials in languages and medium most needed by refugee communities in Utah.
- Provide emergency preparedness education and 72-Hour Kits to newly arrived refugees.

For additional information please contact Rich Foster at the Public Health Emergency Preparedness and Response Program, 801-273-6607 or rfoster@utah.gov.

Language Access

Title VI

The Utah Department of Health Office of Health Disparities has a number of resources to assist in understanding and implementing the National Culturally and Linguistically Appropriate Services Standards; also known as CLAS Standards that may be accessed through this link:

(<http://www.health.utah.gov/disparities/class-standards.html>)

Bridging the Gap Medical Interpreter Training

Effective communication between newly arriving refugees and their health care providers is heavily dependent upon interpretation services, along with increased cultural competence among Utah health service providers. CCS and IRC are licensed to provide the Bridging the Gap training course to their staff, interns and volunteers. RIC-AAU and IHC have licenses to provide the training to interpreters not employed or affiliated to their respective organization. These trainings may require interpreters to pay the cost of their training. It is also anticipated that the Utah Department of Health Bureau of Health Promotion will begin offering trainings in the near future but dates and details are not yet available. For more information regarding “Bridging the Gap” training please see Cross Cultural Health Care Program’s (CCHCP) website: <http://xculture.org/>

Additional Resources

The following is a short list of resources available in the area of medical interpreting/translating:

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- The National Council on Interpreting in Health Care (NCIHC) publishes the National Standards of Practice for Interpreters in Health Care. This document provides a detailed explanation of the background of the code of ethics, as well as a full description of each guiding principle.
- National Standards on Culturally and Linguistically Appropriate Services (CLAS). The CLAS standards are recommendations for cultural competence and language accessibility for health care organizations made by the U.S. Department of Health and Human Services, Office of Minority Health.
- Utah Medicaid, PCN and CHIP interpretive (translation) services during a medical appointment are free for Medicaid clients. For people enrolled in a health maintenance organization (HMO), the HMO is responsible for providing the interpreter; for clients who are not enrolled in an HMO, Utah Medicaid pays for the interpreter. The provider is responsible for arranging for an interpreter. When the provider calls, the agency needs to know the client's Medicaid identification number, the language needed and the date, time and place of the medical appointment. The interpreter may either meet the client at the doctor's office for the appointment or use a telephone conference call. The free translation service is available statewide and also for after-hour care.
- *Telephone Interpreting in Health Care Settings: Some Commonly Asked Questions*. This article, published by the American Translators Association, explains when and where to use telephone interpretation. (https://www.atanet.org/chronicle/feature_article_june2007.php)
- Telephone Interpretation Companies:
 - Language Line Services, 1-800-752-6096
 - Propio Language Services, LLC, 1-888-804-2044
 - Institute for Cultural Competency, 1-800-654-6231
 - Pentskiff Interpreting Services, 1-801-484-4089

Health Promotion

Office of Refugee Resettlement (ORR) Refugee Health Promotion Grant

The program recently applied for ORR's Refugee Health Promotion Grant. The purpose of the grant is to support health and emotional wellness among refugees by building capacity to address identified health needs within refugee communities and reduce barriers to achieving wellness.

If funded, several activities will be provided through contracts with Catholic Community Services and International Rescue Committee. They include:

- The continued provision of the Navigating the Healthcare System workshop series that was developed and taught in the previous grant cycle (2014-2017). The curriculum consists of three classes that are intended to promote health literacy, through contracts with Catholic Community Services and International Rescue Committee. Both agencies have been

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providing these classes which promote health literacy in order to initiate newly-arrived refugees on the path to self-sufficiency. Topics covered include specifics on how to navigate the United States health care system, including how to schedule a doctor's appointment, how to fill a prescription, when to use emergency, urgent, or primary, care and more.

- Quarterly health workshops that will focus on specific health topics and/or populations. The workshops will provide hands-on, interactive trainings intended to improve health literacy, wellness, and disease management skills.
- Interpretation for both of the activities mentioned above.

Incentives

- Gift Certificate: The program has a limited number of Smith's Gift Certificates that may be used to incentivize or reward healthy behavior and/or choices such as attendance at health education classes. Each gift certificate has a \$10.00 value and may not be exchanged for cash, tobacco or alcohol. If agencies wish to utilize gift certificates, they may send a request to the Utah Refugee Health Program Manager outlining how gift certificates will be used and how many they would like. Gift certificates will be distributed to agencies along with an accountability log. The log will be completed by the agency to demonstrate how certificates were used. The completed log will be returned to the program before more certificates are issued.
- Dental Hygiene Items: Dental hygiene items, including adult and child toothbrushes, floss and toothpaste are available through the Utah Refugee Health Program for educational classes. Requests for dental hygiene materials should be made through the program manager.

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Resources

- **Utah Department of Health: Refugee Health Program**
288 N 1460 W
PO Box 142104 SLC UT 84114
Phone: 801-538-6191
Fax: 801-538-9913
Website: <http://health.utah.gov/epi/healthypeople/refugee/>
- **Catholic Community Services (CCS)**
745 E 300 S SLC UT 84102
Phone: (801) 977-9119
Fax: (801) 977-8227
Website: <http://www.ccsutah.org/programs/refugees/refugee-resettlement>
- **International Rescue Committee (IRC)**
221 S 400 W
PO Box 3988 SLC UT 84110
Phone: (801) 328-1091
Fax: (801) 328-1094
Website: <http://www.rescue.org/us-program/us-salt-lake-city-ut>
- **Refugee & Immigrant Center: Asian Association of Utah (RIC-AAU)**
155 S 300 W SLC UT 84101
Phone: (801) 467-6060
Fax: (801) 486-3007
Website: <http://www.aau-slc.org/>
- **Utah Refugee Service Office**
140 E 300 S, SLC UT
Phone: (801)-526-9483
Website: www.refugee.utah.gov
- **Salt Lake County Health Department**
Phone: (385) 468-4100
Website: <http://slco.org/health/>
- **Office of Refugee Resettlement (ORR)**
<http://www.acf.hhs.gov/programs/orr/>
- **CDC Immigrant & Refugee Health**
<http://www.cdc.gov/immigrantrefugeehealth/>
- **United Nations High Commissioners for Refugees (UNHCR)**
<http://www.unhcr.org>
- **International Organization for Migration**
www.iom.int
- **Health Reach**
<http://healthreach.nlm.nih.gov/>
- **EthnoMed**
www.ethnomed.org
- **Cultural Orientation Resource Exchange**
<http://coresourceexchange.org/>

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- **Refugee Council USA**
www.rcusa.org
- **National Partnership for Community Training (Mental Health TA)**
<https://gulfcoastjewishfamilyandcommunityservices.org/refugee/refugee-programs/national-partnership-for-community-training/>
- **National Council On Interpreting in Health Care**
<http://www.ncihc.org/>
- **Minnesota Department of Health: Refugee Health**
<http://www.health.state.mn.us/divs/idepc/refugee/>
- **Office for Civil Rights**
<http://www.hhs.gov/ocr/office/index.html>
- **US Committee for Refugees and Immigrants (USCRI)**
www.refugees.org
- **Cross Cultural Health Care Program**
<http://xculture.org/>
- **CDC Division of Global Migration and Quarantine**
<http://www.cdc.gov/ncezid/dgmq/>
- **Healthy Roads Media**
www.healthyroadsmedia.org
- **Department of State: Refugee Admissions**
<http://www.state.gov/j/prm/ra/index.htm>
- **MMWR: General Recommendations on Immunizations**
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm>
- **MMWR: Guidelines for Using the QuantiFERON-TB Gold**
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5415a4.htm>
- **North American Refugee Health Conference**
<http://www.northamericanrefugeehealth.com/>
- **Heartland Alliance: Rainbow Welcome Initiative**
<http://www.rainbowwelcome.org/>